

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have requested assistance from Representative Sue Myrick on a matter which may require the release of information by your agency and which may be prohibited from being disseminated under the "Privacy Act of 1974".

I hereby authorize the release of all relevant portions of my records, or to discuss problems involved in this case with Representative Myrick or any authorized member for her staff until this matter is resolved.

Full Name

Street Address

City

State

Zip Code

E-Mail Address

Home Telephone Number

Date of Birth

Business Telephone Number

Place of Birth

Social Security Number

Signature

Other Identifying Number
(A#, N.C. Driver's License)

RETURN TO:
US REPRESENTATIVE SUE MYRICK
6525 MORRISON BLVD., SUITE 402
CHARLOTTE, NC 28211
704-362-1060 OFFICE; 704-367-0852

ATTENTION: ALICE TORRES
INTERNATIONAL/
IMMIGRATION SPECIALIST
E-mail: alice.torres@mail.house.gov

Complete, sign, return attached Authorization Form along with a letter to U.S. Representative Sue Myrick outlining nature of problem and desired outcome; be specific with dates and events.

_____ please check the space to the left if you would like to sign up to receive Sue's eNewsletter.